



**WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION
PRACTICE SUBCOMMITTEE MEETING**

Agenda for the Special Meeting on December 8, 2004 -3:00PM to 4:00PM

Department of Health Point Plaza East, 310 SE Israel Rd. Tumwater, WA 98501

If you have any questions, please call Mike Kramer at (360) 236-4724

Committee Members Present: Judy Personnett, RN, EdD., Chair; Richard Cooley, LPN; Marty Herriott, RN, ARNP; Shannon Fitzgerald, RN, MSN, ARNP, Pro-Tem; Jeanne Vincent, RN, MS, CPHQ, Pro-Tem

AAG present: Laura Williams, AAG

Staff present: Chuck Cumiskey, RN, BSN, Nursing Practice Manager; Mike Kramer, Secretary Administrative

Introductions

Voluntary sign up sheet

Agenda

1. Old Business:

- A. Approval of November 10, 2004, Practice Subcommittee Minutes?
- B. The Practice Subcommittee clarified that LPNs should not administer procedural sedation.
 - 1. Procedural Sedation position statement was revised to reflect this clarified position. (See attached)
 - 2. SOP decision tree will be revised to that licensed nurses can not accept delegation that is outside their scope of practice. (See attached)
- C. Caregiver/NA Competencies Taskforce
 - i. Review attached comparison
 - ii. Update on timeline
- D. Roger Ozbirn AO request from Harrison Memorial Hospital.
 - i. Can the LPN, under the supervision of the anesthesiologist, administer IV Propofol?
- E. Technical Assistance
 - i. How can we use it to reduce discipline?
 - ii. Jeanne and Chuck's brainstorm of potential frameworks
- F. Combination of Education and Practice Committees
 - i. Discuss a transition plan in preparation for January's Commission meeting.

2. New Business:
 - A. Procedural Sedation Position Statement
 - i. Discussion about adding *American Society of Anesthesiologists* (ASA) degrees of sedation to position statement.
 1. **Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
 2. **Moderate Sedation/Analgesia ("Conscious Sedation")** is a drug-induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
 3. **Deep Sedation/Analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
 4. **General Anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
 - B. Concerns about the validity of ANCC Adult Psychiatric and Mental Health Nurse Practitioner exam.
 - i. See attached letter from Debra Riendeau, instructor from WSU.
 - ii. See attached letter from Heather McClure, former WSU student
 - C. Liability of preventing LPN from doing procedural sedation via position statement
 - i. Laura Williams will lead discussion (may need to go into closed session)
3. The order of the agenda items maybe changed to accommodate presenters or other issues as needed.

4. Schedule future meetings for the next four months / The next three practice sub-committee meetings will take place in Point Plaza East 131-A at 3:00PM are scheduled for:
 - A. January 12
 - B. February 9
 - C. March 9